

## 4 EASY Ways to Apply



**ONLINE:**  
[www.LaCHIP.org](http://www.LaCHIP.org)



**MAIL:**  
LaCHIP  
P.O. Box 91278  
Baton Rouge, LA  
70821-9278



**FAX:**  
1-877-523-2987  
(toll-free)



**IN PERSON:**  
Call 1-877-252-2447  
for the office  
closest to you.



## LaCHIP Monthly Income Amounts

| NUMBER<br>IN FAMILY | LaCHIP.<br>NO-COST | LaCHIP.<br>Affordable Plan<br>LOW-COST |
|---------------------|--------------------|--|
|                     |                    |  |
| 1                   | \$1915             | \$2394                                 |
| 2                   | \$2585             | \$3232                                 |
| 3                   | \$3255             | \$4069                                 |
| 4                   | \$3925             | \$4907                                 |
| 5                   | \$4595             | \$5744                                 |
| 6                   | \$5265             | \$6582                                 |
| 7                   | \$5935             | \$7419                                 |
| 8                   | \$6605             | \$8257                                 |

Income Amounts April 2013 through March 2014.

**It's a fact that kids with health  
insurance live healthier lives.**

## Apply today!

¿Necesita traductor de español?  
Llame al 1-877-252-2447.

Quý vị có cần thông dịch  
viên người Việt không?  
Nếu cần xin gọi số 1-877-252-2447.

TTY Text Telephone for the Hearing  
Impaired: 1-800-220-5404.

BHSF Form 1-CH  
Rev. 03/2012  
Prior Issue Obsolete



Louisiana Children's Health Insurance Program

## Apply Online

[www.LaCHIP.org](http://www.LaCHIP.org)

1-877-2LaCHIP

# Health Coverage For Children Under Age 19

## PROOF YOU MAY NEED TO SEND US

|  |  |
|--|--|
| FOR ALL APPLICANTS                       | Send copies of health insurance cards (front and back).  |
| FOR APPLICANTS WHO ARE NOT U.S. CITIZENS | Send copies of Permanent Resident Cards or other forms from U.S. Citizenship and Immigration Services.   |
| FOR CHILDREN AND THEIR PARENTS           | Send pay stubs from last month showing gross pay (before taxes) or a letter from the employer. If self-employed, send copies of last year's tax return and all schedule attachments. <i>Grandparents and other non-parent caregivers do not have to send this information.</i> |
| FOR CHILDREN AND THEIR PARENTS           | Send proof of gross income (before taxes) for all money that is not from a job like Veteran's Benefits, and alimony. Proof could be award letters or 1099 tax statements. <i>Grandparents and other non-parent caregivers do not have to send this information.</i>            |

## RIGHTS & RESPONSIBILITIES

### WHAT MEDICAID HAS THE RIGHT TO EXPECT OF YOU

|   |  |
|---|--|
| REPORTING CHANGES                                   | You agree to tell Medicaid within 10 days of these changes: 1) if anyone getting Medicaid moves out of state; 2) if anyone moves into or out of the home; 3) if there are changes in mailing or home address; and/or 4) if there are changes in health insurance and premiums.   |
| SOCIAL SECURITY NUMBERS                             | You understand Social Security numbers will only be used to get information from other government agencies to make an eligibility decision.  |
| PAYMENT OF MEDICAL CARE BY A THIRD PARTY            | By accepting Medicaid, you understand that the Department has the right to get money received by you from other sources like insurance payments or lawsuit settlements for services that Medicaid has paid for you.  |
| CHILD SUPPORT ENFORCEMENT                           | You understand that Medicaid will only send case information to Child Support Enforcement for medical support if you ask them to. We will make a referral if the parents get Medicaid unless Medicaid determines you have good cause not to cooperate with Support Enforcement.  |
| LOUISIANA HEALTH INSURANCE PREMIUM PAYMENT (LAHIPP) | If you qualify for LaHIPP, we will reimburse you for Employer Sponsored Health Insurance (ESI). You must be enrolled in ESI while you are receiving payments from LaHIPP. If your insurance coverage ends for any reason, you must tell LaHIPP. You will be responsible for paying back any money you received in error from LaHIPP program. |

### WHAT YOU HAVE THE RIGHT TO EXPECT FROM MEDICAID

|                         |  |
|-------------------------|--|
| RIGHT TO A FAIR HEARING | You understand that you can ask for a Fair Hearing if you think any decision made on the case is unfair, incorrect, or made too late.  |
| NO DISCRIMINATION       | You understand Medicaid cannot treat you differently because of race, color, sex, age, disability, religion, nationality, or political belief. If you think it has, you can call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1-800-368-1019 or write to Louisiana's Department of Health & Hospitals, Human Resources at P. O. Box 4818, Baton Rouge, LA 70821-4818. |
| OTHER SERVICES          | You understand that information about WIC, KIDMED, and other Medicaid services may be sent to the persons who are eligible for Medicaid.   |



# APPLICATION FOR HEALTH COVERAGE FOR CHILDREN UNDER AGE 19

**REMEMBER:** You can **APPLY ONLINE** at [www.LaCHIP.org](http://www.LaCHIP.org)

Preferred language? ☐ ENGLISH ☐ SPANISH ☐ VIETNAMESE ☐ OTHER: \_\_\_\_\_

Where did you get this application? ☐ LaCHIP/Medicaid Office ☐ Business (Store/Work) ☐ Doctor's Office ☐ Friend/Relative  
☐ Hospital ☐ Festival/Health Fair ☐ Pharmacy ☐ School ☐ Food Stamp Office ☐ Health Unit ☐ Other

## SECTION 1

Please **PRINT** clearly in black ink.

### PARENTS OR CAREGIVERS LIVING IN THE HOME WITH THE CHILDREN

|                            |  |                        |                        |  |
|----------------------------|--|------------------------|------------------------|--|
| <b>PARENT/CAREGIVER #1</b> | Name (first) (middle) (last) (suffix: Sr., Jr., etc.)  |                        |                        |  |
|                            | <input type="checkbox"/> Male <input type="checkbox"/> Female  | Social Security Number |                        | Date of Birth (month/day/year)   |
|                            | Race (Optional—you may mark one or more):<br><input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander<br><input type="checkbox"/> American Indian or Alaska Native—Tribe: _____ <input type="checkbox"/> Other: _____ |                        |                        | Latino? (Optional)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|                            | Home Phone ( ) ( ) ( )   |                        | Cell Phone ( ) ( ) ( ) | Other Phone ( ) ( ) ( )  |

|                            |  |                        |                        |  |
|----------------------------|--|------------------------|------------------------|--|
| <b>PARENT/CAREGIVER #2</b> | Name (first) (middle) (last) (suffix: Sr., Jr., etc.)  |                        |                        |  |
|                            | <input type="checkbox"/> Male <input type="checkbox"/> Female  | Social Security Number |                        | Date of Birth (month/day/year)   |
|                            | Race (Optional—you may mark one or more):<br><input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander<br><input type="checkbox"/> American Indian or Alaska Native—Tribe: _____ <input type="checkbox"/> Other: _____ |                        |                        | Latino? (Optional)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|                            | Home Phone ( ) ( ) ( )   |                        | Cell Phone ( ) ( ) ( ) | Other Phone ( ) ( ) ( )  |

## SECTION 2

|                                    |                            |       |                |
|------------------------------------|----------------------------|-------|----------------|
| <b>MAILING ADDRESS</b>             | P.O. Box or Street Address |       | Apt/Lot Number |
|                                    | City                       | State | Zip            |
|                                    | Home Parish                |       | E-mail Address |
| <b>HOME ADDRESS (IF DIFFERENT)</b> | Street Address             |       | Apt/Lot Number |
|                                    | City                       | State | Zip            |

Questions? Call **1-877-252-2447** or visit us online at [www.LaCHIP.org](http://www.LaCHIP.org)

**SECTION 3**

*If there are more than four children in the house, use a separate piece of paper.*

**CHILDREN'S INFORMATION**

|   | CHILD 1   | CHILD 2   | CHILD 3   | CHILD 4   |
|---|---|---|---|---|
| FIRST NAME  |   |   |   |   |
| MIDDLE INITIAL  |   |   |   |   |
| LAST NAME,<br>(Suffix: Sr., Jr., etc.)  |   |   |   |   |
| DO THEY HAVE<br>MEDICAID NOW?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| DO THEY NEED A NEW<br>MEDICAID CARD?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| ARE THEY APPLYING?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| SEX   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female  |
| SOCIAL SECURITY #   |   |   |   |   |
| DATE OF BIRTH<br>(MONTH/DAY/YEAR)   |   |   |   |   |
| RACE<br><br>(OPTIONAL—you may<br>mark one or more)  | <input type="checkbox"/> White <input type="checkbox"/> Black<br><input type="checkbox"/> Asian <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Native Hawaiian or<br>Pacific Islander<br><input type="checkbox"/> American Indian or<br>Alaska Native<br>Tribe: _____<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> White <input type="checkbox"/> Black<br><input type="checkbox"/> Asian <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Native Hawaiian or<br>Pacific Islander<br><input type="checkbox"/> American Indian or<br>Alaska Native<br>Tribe: _____<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> White <input type="checkbox"/> Black<br><input type="checkbox"/> Asian <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Native Hawaiian or<br>Pacific Islander<br><input type="checkbox"/> American Indian or<br>Alaska Native<br>Tribe: _____<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> White <input type="checkbox"/> Black<br><input type="checkbox"/> Asian <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Native Hawaiian or<br>Pacific Islander<br><input type="checkbox"/> American Indian or<br>Alaska Native<br>Tribe: _____<br><input type="checkbox"/> Other: _____ |
| LATINO?<br>(OPTIONAL)   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| NAME OF 1 <sup>ST</sup> PARENT/<br>CAREGIVER:<br><br>CHILD'S RELATIONSHIP<br>TO THIS PERSON                                       | <input type="checkbox"/> Child<br><input type="checkbox"/> Step-child<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Other: _____   | <input type="checkbox"/> Child<br><input type="checkbox"/> Step-child<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Other: _____   | <input type="checkbox"/> Child<br><input type="checkbox"/> Step-child<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Other: _____   | <input type="checkbox"/> Child<br><input type="checkbox"/> Step-child<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Other: _____   |
| NAME OF 2 <sup>ND</sup> PARENT/<br>CAREGIVER:<br><br>CHILD'S RELATIONSHIP<br>TO THIS PERSON                                       | <input type="checkbox"/> Child<br><input type="checkbox"/> Step-child<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Other: _____   | <input type="checkbox"/> Child<br><input type="checkbox"/> Step-child<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Other: _____   | <input type="checkbox"/> Child<br><input type="checkbox"/> Step-child<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Other: _____   | <input type="checkbox"/> Child<br><input type="checkbox"/> Step-child<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Other: _____   |
| <b><i>A disability is a physical or mental impairment that lasts for at least one year or is expected to result in death.</i></b> |   |   |   |   |
| DOES THIS CHILD HAVE<br>A DISABILITY?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| DOES CHILD HAVE<br>HEALTH INSURANCE?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| HAS HEALTH<br>INSURANCE ENDED IN<br>THE PAST 12 MONTHS?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| <b><i>The answers you give about immigration status are kept private.</i></b>   |   |   |   |   |
| IS THIS CHILD<br>A U.S. CITIZEN?  | <input type="checkbox"/> Yes—Skip to section 4<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes—Skip to section 4<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes—Skip to section 4<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes—Skip to section 4<br><input type="checkbox"/> No   |
| IS CHILD A LAWFUL<br>PERMANENT RESIDENT?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| DATE CHILD WAS<br>GRANTED RESIDENCY?  |   |   |   |   |
| ALIEN #   | A#  | A#  | A#  | A#  |
| PERMANENT<br>RESIDENT CARD #  |   |   |   |   |

Questions? Call **1-877-252-2447** or visit us online at [www.LaCHIP.org](http://www.LaCHIP.org)

## SECTION 4

### PREGNANCY

Is anyone in the home pregnant who wants to apply for Medicaid?

☐ Yes—Answer the next questions ☐ No—Skip to section 5.

Who is pregnant?

Expected due date?

## SECTION 5

### INCOME FROM A JOB

Do parents or children in the home work? ☐ Yes—Fill out below ☐ No—Skip to section 6.

Examples: • Cash • Checks • Tips *Only include income of parents or children who work.*

*Do not include income of grandparents or other non-parent caregivers. Please list each job.*

Use a separate piece of paper if room is needed for information on additional jobs.

Worker Name

Employer Name & Phone Number

Check box if self employed.

☐ Self Employed

☐ Self Employed

☐ Self Employed

How Much Is Paid?

Gross income before taxes—  
including cash, checks, tips, bonuses,  
commission, etc.

How Often Paid?

Weekly, every 2 weeks,  
twice a month, monthly.

Is Health Insurance  
Offered?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

## SECTION 6

### OTHER INCOME

Do parents or children in the home receive income that is not from a job?

☐ Yes—Fill out below ☐ No—Skip to section 7.

Examples: • Child Support (list the child as the person who gets it) • Social Security • SSI

• Unemployment • Worker's Comp • Disability • Money from Friends/Relatives • Alimony

• Veterans' Benefits • Something Else *Only include income of parents or children receiving the income. Do not list income received by grandparents or other non-parent caregivers.*

Who Gets It?

Where is it from?

How Much?

How Often?  
(Weekly, every 2 weeks,  
twice a month, monthly)

## SECTION 7

### CHILD SUPPORT/ALIMONY

Does any parent/caregiver in the home pay court-ordered child support or alimony?

☐ Yes—Fill out below ☐ No—Skip to section 8

Who Pays It?

How Much is Paid?

Child Support:

Alimony:

How Often Paid?

(Ex: Weekly, every 2 weeks, twice a month, monthly)

Questions? Call **1-877-252-2447** or visit us online at [www.LaCHIP.org](http://www.LaCHIP.org)

**SECTION 8****DAYCARE/  
ATTENDANT  
CARE**

Does anyone in the home pay daycare for a child or for care for a person with a disability?

☐ Yes—Fill out below    ☐ No—Skip to section 9

Whose care is paid for?

Who pays for the care?

How much is paid?

How often paid?

Does anyone help pay for it?    ☐ Yes—How much?    ☐ No

Name of daycare or caregiver:

Phone Number (    )

**SECTION 9****RECENT  
MEDICAL  
EXPENSES**

Are there any medical bills, (paid or unpaid), for any child during the last three months?

☐ Yes—Fill out below    ☐ No—Skip to section 10

Who received medical services?

In what months?

Provider name(s) and phone number(s):

**SECTION 10****THIS IS THE END OF THE APPLICATION. SIGN BELOW.**

By signing this application I am giving my permission to the State of Louisiana and its agents to make contacts to verify the information given on this application. Under penalty of perjury, I certify that all information contained in this application, including U.S. citizenship or lawful immigrant status of all persons applying for benefits, is true and correct to the best of my knowledge. I have read or had read to me the "Rights and Responsibilities" section of the application, including fraud penalties, as described in this application.

**SIGN HERE****X****DATE****SEND YOUR COMPLETED APPLICATION TO:**

P. O. Box 91278  
 BATON ROUGE, LA 70821-9278  
 OR FAX TO: 1-877-523-2987

**Questions?** Call **1-877-252-2447** or visit us online at [www.LaCHIP.org](http://www.LaCHIP.org)

Department of Health and Hospitals  
Voter Registration Declaration (Optional)

If you fill it out, your answers will not affect the benefits you get from the  
*Louisiana Department of Health and Hospitals.*

If you are not registered to vote where you live now, would you like to apply to register to vote here today? ☐ Yes ☐ No

- If you checked "Yes," please complete the attached form called the "Louisiana Mail Voter Registration Application." You may mail your completed Voter Registration Application to your local Registrar of Voters listed on the application or mail it to the Department of Health and Hospitals.
- **IF YOU DO NOT CHECK EITHER BOX YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. **You may call us toll-free at 1-888-342-6207.** The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you choose to register to vote at this time, the information about the location where you completed the application to register will remain confidential and will only be used for voter registration purposes. If you choose not to register to vote, that information will also be kept confidential.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

Louisiana Secretary of State  
Commissioner of Elections  
P.O. Box 94125  
Baton Rouge, LA 70804-9125  
Phone: (toll-free) 1-800-883-2805

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sign Your Name

\_\_\_\_\_  
Today's Date

**ACADIA**

Courthouse #115  
Crowley, LA 70526-4363  
(337) 788-8841  
**ALLEN**  
P. O. Box 150  
Oberlin, LA 70655-0150  
(337) 639-4966

**ASCENSION**

828 S. Irma Blvd. #205  
Gonzales, LA 70737-3631  
(225) 621-5780

**ASSUMPTION**

P. O. Box 578  
Napoleonville, LA 70390-0578  
(985) 369-7347

**AVOUELLES**

312 N. Main St. #E  
Marksville, LA 71351-2409  
(318) 253-7129

**BEAUREGARD**

P. O. Box 952  
DeRidder, LA 70634-0952  
(337) 463-7955

**BIENVILLE**

P. O. Box 697  
Arcadia, LA 71001-0697  
(318) 263-7407

**BOSSIER**

P. O. Box 635  
Benton, LA 71006-0635  
(318) 965-2301

**CADDO**

P.O. Box 1253  
Shreveport, LA 71153-1253  
(318)226-6891

**CALCASIEU**

1000 Ryan St. #7  
Lake Charles, LA 70601-5250  
(337)437-3572

**CALDWELL**

P. O. Box 1107  
Columbia, LA 71418-1107  
(318) 649-7364

**CAMERON**

P. O. Box 1  
Cameron, LA 70631-0001  
(337) 775-5493  
**CATAHOULA**  
P. O. Box 215  
Harrisonburg, LA 71340-0215  
(318) 744-5745

**CLAIBORNE**

507 W. Main Suite 1  
Homer, LA 71040-3914  
(318) 927-3332

**CONCORDIA**

4001 Carter St. #4  
Vidalia, LA 71373-3021  
(318) 3367770

**DESOTO**

105 Franklin St.  
Mansfield, LA 71052-2046  
(318) 872-1149

**E. BATON ROUGE**

222 St. Louis #201  
Baton Rouge, LA 70802-5860  
(225) 389-3940

**E. CARROLL**

P. O. Box 708  
Lake Providence, LA 71254-0708  
(318) 559-2015

**E. FELICIANA**

P. O. Box 488  
Clinton, LA 70722-0488  
(225) 683-3105

**EVANGELINE**

200 Court St. Ste. 102  
Ville Platte, LA 70586-4463  
(337) 363-5538

**FRANKLIN**

Courthouse  
6560 Main St.  
Winnsboro, LA 71295-2750  
(318) 4354489

**GRANT**

Courthouse  
200 Main St.  
Colfax, LA 71417-1828  
(318) 627-9938

**IBERIA**

300 S. Iberia St. #110  
New Iberia, LA 70560-4543  
(337) 369-4407

**IBERVILLE**

P. O. Box 554  
Plaquemine, LA 70765-0554  
(225) 687-5201

**JACKSON**

500 E. Court St. #102  
Jonesboro, LA 71251-3400  
(318) 259-2486

**JEFFERSON**

P. O. Box 10494  
Jefferson, LA 70181-0494  
(504) 736-6191

**JEFFERSON DAVIS**

302 N. Cutting Ave.  
Jennings, LA 7054-65361  
(337) 824-0834

**LAFAYETTE**

1010 Lafayette #313  
Lafayette, LA 70501-6885  
(337) 291-7140

**LAFOURCHE**

307 W. 4th St. #101  
Thibodaux, LA 70301-3105  
(985) 447-3256

**LASALLE**

P. O. Box 2439  
Jena, LA 71342-2439  
(318) 992-2254

**LINCOLN**

100 W. Texas Ave.  
Ruston, LA 71270-4463  
(318) 251-5110

**LIVINGSTON**

P. O. Box 968  
Livingston, LA 707540968  
(225) 686-3054

**MADISON**

100 N. Cedar St.  
Tallulah, LA 71282-3892  
(318) 574-2193

**MOREHOUSE**

129 N. Franklin  
Bastrop, LA 71220-3815  
(318) 281-1434

**NATCHITOCHES**

P. O. Box 677  
Natchitoches, LA 71458-0677  
(318) 357-2211

**ORLEANS**

1300 Perdido #1W23  
New Orleans, LA 70112-2127  
(504) 658-8300

**OUACHITA**

122 St John St #114  
Monroe, LA 71201-7342  
(318) 3271436

**PLAQUEMINES**

P. O. Box 989  
Port Sulphur, LA 70083-0989  
(504) 564-6957

**POINTE COUPEE**

211 E. Main St.  
New Roads, LA 70760-3661  
(225) 638-5537

**RAPIDES**

701 Murray St.  
Alexandria, LA 71301-8099  
(318) 473-6770

**RED RIVER**

P. O. Box 432  
Coushatta, LA 71019-0432  
(318) 932-5027

**RICHLAND**

P. O. Box 368  
Rayville, LA 71269-0368  
(318) 728-3582

**SABINE**

400 Capitol St. #107  
Many, LA 71449-3099  
(318) 256-3697

**ST. BERNARD**

8201 W. Judge Perez Rm. 104  
Chalmette, LA 70043-1696  
(504) 278-4231

**ST. CHARLES**

P. O. Box 315  
Hahnville, LA 70057-0315  
(985) 783-2731

**ST. HELENA**

P. O. Box 543  
Greensburg, LA 70441-0543  
(225) 222-4440

**ST. JAMES**

P. O. Box 179  
Convent, LA 70723-0179  
(225) 562-2330

**ST. JOHN**

1801 W. Airline Hwy  
LaPlace, LA 70068-3344  
(985) 652-9797

**ST. LANDRY**

P. O. Box 818  
Opelousas, LA 70571-0818  
(337) 948-0572

**ST. MARTIN**

Courthouse  
415 S. Martin St.  
St. Martinville, LA 70582-4549  
(337) 394-2204

**ST. MARY**

500 Main St. #301  
Franklin, LA 70538-6144  
(337) 828-4100

**ST. TAMMANY**

701 N. Columbia St.  
Covington, LA 70433-2709  
(985) 809-5500

**TANGIPAHOA**

P. O. Box 895  
Amite, LA 70422-0895  
(985) 748-3215

**TENSAS**

P. O. Box 183  
St. Joseph, LA 71366-0183  
(318) 766-3931

**TERREBONNE**

P. O. Box 9189  
Houma, LA 70361-9189  
(985) 873-6533

**UNION**

P. O. Box 235  
Farmerville, LA 71241-0235  
(318) 368-8660

**VERMILION**

100 N. State St. #120  
Abbeville, LA 70510  
(337) 898-4324

**VERNON**

P. O. Box 626  
Leesville, LA 71496-0626  
(337) 239-3690

**WASHINGTON**

Courthouse Bldg.  
900 Washington St.  
Franklinton, LA 70438  
(985) 839-7850

**WEBSTER**

P. O. Box 674  
Minden, LA 71058-0674  
(318) 377-9272

**W. BATON ROUGE**

P. O. Box 31  
Port Allen, LA 70767-0031  
(225) 336-2421

**W. CARROLL**

P. O. Box 71  
Oak Grove, LA 71263-0071  
(318) 428-2381

**W. FELICIANA**

P. O. Box 2490  
St. Francisville, LA 70775-2490  
(225) 635-6161

**WINN**

Courthouse Room 105  
Winnfield, LA 71483-3238  
(318) 628-6133

**OFFICIAL USE ONLY**

**Address Change**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name Change**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Party Change**

\_\_\_\_\_  
\_\_\_\_\_

**Remarks**

\_\_\_\_\_

Circle One: PA MV RG SDA SS

Received by: \_\_\_\_\_

PLACE IN AN ENVELOPE AND MAIL TO YOUR  
REGISTRAR OF VOTERS



USE THIS FORM TO: 1) register to vote 2) change your address 3) request a name change 4) change party affiliation

**TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST:** 1) be a United States citizen 2) be at least 17 years old to register but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 4) not be under a judgment of full interdiction or limited interdiction where your right to vote has been suspended 5) reside in the state and parish in which you seek to register and vote.

**INSTRUCTIONS FOR COMPLETING THIS FORM:** All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

**Box 1:** Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before election day.

**Box 2:** Provide full name. Do not use initials for middle or maiden name.

**Box 3:** 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' only if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

**Box 4:** Provide your age.

**Boxes 6 & 14:** You must provide your Louisiana driver's license number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a Louisiana driver's license number has been issued, and this form is submitted by mail, and you are registering to vote for the first time, in order to avoid additional identification requirements for first time voters, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

**Boxes 8, 12 & 13:** The items 'race/ethnic origin', 'home phone' and 'daytime phone' are not required but are helpful.

**Box 9:** If you do not complete this item, your party affiliation will be listed as 'none', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'none'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

**Box 18:** If you are using this form to request a change of name, you must print the name to be changed here.

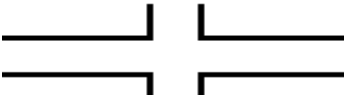
**Box 19:** Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

**NOTE:** 1. If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

**QUESTIONS?** Call your Parish Registrar of Voters OR call the Department of State at 1-800-883-2805 or (225) 922-0900.

**COMPLETE AND CHECK ALL APPLICABLE BOXES AND TEAR ALONG PERFORATED LINE BEFORE MAILING.**

|   |   |  |  |   |   |   |  |
|---|---|--|--|---|---|---|--|
| <b>LOUISIANA MAIL VOTER REGISTRATION APPLICATION<br/>FORM #04</b>   |   |  |  | <b>OFFICIAL USE ONLY</b><br>COMP REG # _____ Reg Type _____ Wd/ Dist _____ Pct _____ In _____ Out _____ |   |   |  |
| 1 Are you a citizen of the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/> Will you be 18 years of age on or before election day YES <input type="checkbox"/> NO <input type="checkbox"/><br>If you checked no in response to either of these questions, DO NOT COMPLETE THIS FORM.  |   |  |  |   |   |   |  |
| 2 NAME OF APPLICANT (PLEASE PRINT NAME)<br>LAST _____ First _____ FULL MIDDLE OR MAIDEN _____   |   |  |  |   |   | <b>GIVE LOCATION</b><br> |  |
| 3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY)<br>HOUSE OR APT. NO. & STREET _____ CITY OR TOWN _____ STATE _____ ZIP _____  |   |  |  |   |   |   |  |
| IF NO mail delivery to residential address, check here: ( ) _____ MAILING ADDRESS IF DIFFERENT _____  |   |  |  |   |   |   |  |
| 4 AGE _____   | 5 DATE OF BIRTH<br>MONTH _____ DAY _____ YEAR _____ |  | 6 * SOCIAL SECURITY # (CIRCLE ONE)<br>NO _____ YES # _____     |   | 7 SEX (CIRCLE ONE)<br>MALE _____ FEMALE _____                       |   | 8 ** RACE/ ETHNIC ORIGIN (CIRCLE ONE)<br>WHITE _____ BLACK _____ ASIAN _____ HISPANIC _____<br>AMER. INDIAN _____ OTHER: _____ |
| 9 PARTY AFFILIATION (CIRCLE ONE)<br>DEM GRN LBT RFM REP NONE<br>OTHER (SPECIFY) _____   |   |  |  | 10 APPLICANTS'S PLACE OF BIRTH<br>CITY OR TOWN _____ PARISH OR COUNTY _____ STATE _____ COUNTRY _____   |   |   | 11 MOTHERS MAIDEN NAME _____   |
| 12 ** HOME PHONE<br>( ) _____   |   |  | 13 ** DAYTIME PHONE<br>( ) _____                               |   | 14 LA DRIVERS LICENSE / I.D. # (CIRCLE ONE)<br>NO _____ YES # _____ |   | 15 Will you require assistance at the polls? (CIRCLE ONE)<br>NO YES IF YES, GIVE REASON _____                                  |
| 16 LAST RESIDENCE ADDRESS<br>ADDRESS _____  |   |  | 17 PLACE OF REGISTRATION<br>PARISH OR COUNTY _____ STATE _____ |   | 18 FOMER REGISTERED NAME, IF APPLICABLE _____                       |   |  |
| <b>AFFIRMATION :</b> I do hereby solemnly swear or affirm that I am a United States citizen, that I am at least 17 years old, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$1,000 (\$2,500 for subsequent offense) or imprisonment for not more than 1 year. |   |  |  |   |   |   |  |
| 19 SIGN YOUR NAME IN BOX AT RIGHT<br>DATE: _____ / _____ / _____  |   |  |  |   |   |   |  |
| 20 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE<br>WITNESS SIGNATURE _____ WITNESS SIGNATURE _____  |   |  |  |   |   |   |  |
| * Last 4 digits of the social security number required if no LA driver's license issued; social security number is intended to be used for voter registration purposes only Full # Optional ** OPTIONAL<br>LR-1M (REV. 1/11, 7/11) R.S. 18:104 FORM #04   |   |  |  |   |   |   |  |